



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 924309288074962

Received from : KAM PHARMACY

Amount : 200,000.00

Amount in Words : Two Hundred Thousand TZS And Zero Cent(s) Only

Outstanding Balance : 0.00

In respect of Item Description(s) Item Amount

: 142202540104 - Application for

change of name/ ownership -

CHANGE OF NAME AND

OWNERSHIP

Total Billed Amount : 200,000.00 (TZS)

Bill Reference

: 16215306244835112634

Payment Control Number : 991620279289

Payment Date

: 2024-11-04 11:55:16

Issued by

: Zena Mango

Date Issued

: 2024-11-04 12:14:41

Signature

:

Government Payment Gateway © 2017 All Rights Reserved (GePG)

PHARMACY COUNCIL

POSTAL ADDRESS: KINDBONI P.O. Box 65158
District/Municipal: Kindboni
Street: 16 Block 284
Plot No. 16 Block 284
Ward: Modanga
Region: Modanga
CONTACT No. 068688746
PHYSICAL ADDRESS: Modanga
TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐
NAME OF THE NEW PREMISES: NGA BEL PHARMACY
SECTION B: PROPOSED CHANGES:

Contract commencement date: 01/06/2024
Residential Address: G.M.B. D.S.M.
Full Name: ABDUL JUMA
PIN: 0102383
Cessation date: 01/05/2025
Tel: 0944910599 Email: jumaabdul622@gmail.com
Qualification: 3. Qualification: 2. Qualification: 1. DR K.M. MUSIKA
Directors (Names): 1. Qualification: 2. Qualification: 3. Qualification: 4. Director

OWNERSHIP: DR K.M. MUSIKA
E-mail: musika2@yahoo.com
POSTAL ADDRESS: P. Box 65158
District/Municipal: Kindboni
Street: 16 Block 284
Plot No. 16 Block 284
Ward: Modanga
Region: Modanga
CONTACT No. 068688746
PHYSICAL ADDRESS: Modanga
TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐
NAME OF PREMISES: KAH PHARMACY
FIN: 0100456
SECTION A: APPLICANT CURRENT INFORMATION:

APPLICATION FOR CHANGE OF:
1. PREMISES LOCATION
2. BUSINESS NAME
3. BUSINESS OWNERSHIP

APPLICATION FOR ALTERATION
(Under Section 35 (1) of Pharmacy Act, 2011)



PHARMACY COUNCIL

Registrar,
Pharmacy Council,
P.O. Box 1277,
Dodoma.

Alupe 200,000/= Affirmation
PCF.14 15/11/2024

991620278375
991620279289

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):
 1. GABRIEL AKERBE Qualification: DIRECTOR BUSINESS

2. Qualification:
 3. Qualification: akembejg@ gmail . com 0686888746
 SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: PIN: Tel: Email: Cessation date:
 Contract commencement date:

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. Alteration due to current business plan
 2. To have a new brand of the business

SECTION D: APPLICANT INFORMATION

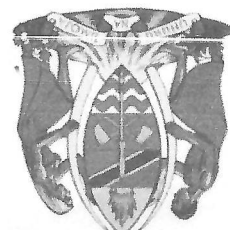
Name of Applicant: DR KAMUOAE MUSIKA
 Address: box 65158 Tel: 04365663 E-mail: musikat@yahoo.com
 Signature of Applicant: Date: 10/10/2024

SECTION E: APPLICANT DECLARATION

I hereby declare to the best of my sanity that the information provided is valid and there are mutual agreements of terms between parties.
 Signature of Applicant: Date: 10/10/2024

SECTION F: REQUIRED ATTACHMENT

Please attach the following documents depending on your proposed changes:
 1. TAX CLEARANCE CERTIFICATE
 2. Copy of lease agreement or title deed
 3. Memorandum of Understanding
 4. Certificate of registration from BRELA
 5. Copy of Director(s) ID
 6. Original Premises Registration Certificate (For Alteration No. 1 or 2)



TANZANIA

Form 5

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 586932

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT NGABEL PHARMACY this 15th day of OCTOBER year 2024 has been duly registered pursuant to and in accordance with the provisions of the Business Names (Registration) Act and the Rules made thereunder, and has been entered the Number 586932 in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 15th day of OCTOBER TWO THOUSAND AND TWENTY FOUR.



Deputy Registrar Business Names

NOTE – This certificate must be kept in a conspicuous position at the principal place of business. Any change in the particulars originally registered must be notified to the Registrar within twenty eight days.



TANZANIA REVENUE AUTHORITY
ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

(Issued Under Regulation 103 of Tax Administration (General) Regulations, 2016)

Licensing Authority; TIN : 101-372-650
ILALA MUNICIPAL COUNCIL
MISSION STREET
20950
DAR ES SALAAM

Issuing Office: Ilala
Telephone: 022-2863190
Date of Issue: 22 February 2024
Expiry Date: 31 December 2024

Taxpayer Name	KAM DAR ES SALAM PHARMACY LTD
Trading Name	KAM MUSKATI HOSPITAL
Taxpayer Identification Number	104-213-944
Company Registration Number	48694
Vat Registration Number	

Business Premises located at:
REGION : DAR ES SALAAM,
DISTRICT : ILALA,
STREET : MUHIMBI HOSPITAL

This is to certify that the above registered Taxpayer has complied with tax laws and has been granted Tax Clearance Certificate with respect to the following business(es):

1	Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores
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- Disclaimer :**
1. This certificate is issued free of charge
 2. This certificate should be rendered in its original form and it is valid only if it is embossed with QR Code
 3. This Tax Clearance Certificate shall not preclude the Commissioner General from demanding and recovering taxes established after issuance of this Certificate.



Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
23 February 2024